

PMP CHECKLIST

(Airport Name)

(Location)

(AIP Project NO)

(date)

INVENTORY

	<u>Yes</u>	<u>No</u>	<u>Cmt</u>
1. Location of All RW, TW & Apron	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Pavement Section (Surface/Base/Subbase)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Dimensions (L X W)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. AIP project number	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Yr of Construction or most recent rehab	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Federal Funds to construct?	<input type="checkbox"/>	<input type="checkbox"/>	_____

INSPECTION SCHEDULE

	<u>Yes</u>	<u>No</u>	<u>Cmt</u>
1. Detailed Inspection Annual unless PCI Survey then up to 3 year	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Drive By at least Monthly	<input type="checkbox"/>	<input type="checkbox"/>	_____

RECORD KEEPING

	<u>Yes</u>	<u>No</u>	<u>Cmt</u>
1. Inspection Date	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Location	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Distress Type	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Maint. Scheduled or Performed	<input type="checkbox"/>	<input type="checkbox"/>	_____

INFORMATION RETRIEVAL

	<u>Yes</u>	<u>No</u>	<u>Cmt</u>
1. Appropriate Records avail upon request	<input type="checkbox"/>	<input type="checkbox"/>	_____

ADDITIONAL COMMENTS: _____

